05513-9002

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			50					RATE	FEE		RATE	FEE	
FOF	1		NUMBER FILED		NUMBER EXTRA			Basic Fee	370.00	OR	BASIC FEE	740.00	
101	AL CHARGEA	BLE CLAIMS	50 minus 20=		• 30			X\$ 9=		OR	X\$18=	SFO	
INDEPENDENT CLAIMS .			7 minus 3 =		· 4			X42=		OR	X84=	336	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=		
* If t	he difference	in column 1 is	r "0" in c	olumn 2		TOTAL		OR	TOTAL				
CLAIMS AS AMENDED - PART II										^	OTHER SMALL		
		(Column 1)			mn 2) (EST	(Column 3)	١,	SMALL		OR I	SHOULE		ŀ
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
TO SA	Total	. 50	Minus	- 5	\mathcal{O}			X\$ 9=		OR	X\$18=		
ME	Independent	. 9	Minus	***	7	1-2		X42=		OR	234-	1721	Ż
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
								YOTAL ADOIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Cob)	mn 2)	(Column 3	1	ADDIT FEE		•			
		CLAIMS		HIG	HEST		ገ		ADDI-			ADDI-	į
Į,		REMAINING AFTER AMENDMENT		PREV	ABER KOUSLY OFOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT B	Total	• 63	Minus		50	- 13	1	X\$ 9=		OR	X\$18=	23400	
NE STATE	Independent	. //	Minus	202	9	- 2]	X42=		OR	X94=	17200	
肛	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		1
								YOTAL		OR	TOYAL ADDIT, FEE	40600	1
(Column 1) (Column 2) (Column 3)								ADDIT. FEE			-work rec	pd.	1
		(Column 1) CLAIMS		HIG	HEST	1	ጎ		ADDI-	1		ADDI-	1
N N		REMAINING AFTER AMENDMENT		PREV	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDME	Total	•	Minus	**			1	X\$ 9=		OR	X\$18=		
	independent	•	Minus	***		1-	4	X42=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		l _{or}	+280=		
* If the entry in column 1 is less than the entry in column 2, write "O" to column 3.									 	-	TOTAL	1	┨
* If the entry in column 1 is less than the entry in column 2, write "V of column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE												<u> </u>	4
"	The "Highest No.	mber Previously F	aid For (Total	or Indepe	ndent) is t	ne highest num	nber f	ound in the a	ppropriate b	ox in c	cotumn 1.		١
												CC0004590	_